

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VI	0800	9/1/99
O.I.P.E. CLASSIFIER		12	9/3
FORMALITY REVIEW		6447	9-5-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/21/99
2	✓	✓	8/21/99
3	✓	✓	8/21/99
4	✓	✓	8/21/99
5	✓	✓	8/21/99
6	✓	✓	8/21/99
7	✓	✓	8/21/99
8	✓	✓	8/21/99
9	✓	✓	8/21/99
10	✓	✓	8/21/99
11	✓	✓	8/21/99
12	✓	✓	8/21/99
13	✓	✓	8/21/99
14	✓	✓	8/21/99
15	✓	✓	8/21/99
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42	✓	✓	8/21/99
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46	✓	✓	8/21/99
47	✓	✓	8/21/99
48	✓	✓	8/21/99
49	✓	✓	8/21/99
50	✓	✓	8/21/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions,  
 staple additional sheets here.

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